

**TOWN OF VIENNA
ADMINISTRATIVE SERVICES OFFICE
127 CENTER STREET, S.,
VIENNA, VA 22180**

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

Name:	SSN:
Date of Birth:	State Licensed In:
Driver's License Number:	

This release, when presented by a duly authorized representative of the **VIENNA POLICE DEPARTMENT** will constitute my consent and authority to examine and obtain copies and abstracts of records and to receive statements and other information regarding my character and background.

Specifically, I hereby authorize the release of the following data and/or records to the **VIENNA POLICE DEPARTMENT**:

1. EMPLOYMENT INFORMATION (Including disciplinary actions and commendations).
2. EDUCATIONAL INFORMATION (Including the release of transcripts).
3. CREDIT INFORMATION.
4. SELECTIVE SERVICE INFORMATION.
5. CRIMINAL RECORDS AND OTHER INFORMATION FROM LAW ENFORCEMENT AGENCIES.
6. RESULTS OF POLYGRAPH TESTS AND BACKGROUND REPORTS DONE BY ANY OTHER AGENCY.
7. OTHER INFORMATION PERTAINING TO MY CHARACTER AND/OR PERSONALITY.

This authorization is given in connection with a full field background investigation being conducted relative to my application for employment with the **VIENNA POLICE DEPARTMENT**. I have had explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

NOTARY ACTION

Signature:	Date:
Subscribed and sworn to me this day of 200	
Notary Signature:	
My commission expires:	